

THE CLEVELAND MUSEUM OF ART
 FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
 MAY 8 to JUNE 16, 1963

PLEASE
LETTER
PLAINLY
OR TYPE

Artist

THOMAS

FIRST NAME

WILLS

LAST NAME

Address 2154-18TH ST. S.W. AKRON 14

SUMMIT

Tel. PLAZA 3-4490

NO

STREET

CITY

ZONE

COUNTY

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

DO NOT WRITE IN
THESE COLUMNS[illegible]

Use second blank if required

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

ated

Thomas Will

SIGNATURE